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(Re	equestor's Name)	
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JUN 0 9 2016 S. YOUNG

# COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: Q\\		ment of SWFL, LL ited Liability Company	<u> </u>	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.		·
Please return all correspon	ndence concerning this matter	to the following:		
	Kathryn	Gerhar CH Name of Person	<del></del>	
	avalon man	SFirm/Company	EL, LLC	
	<u>3914 Sw 19</u>	5th PIC Address		SECRET PALL MAY
	cape Cora	City/State and Zip Code		16 MAY 31 PH 4: 05
	Kmarie 5 E-mail address: (	City/State and Zip Code  3 @ Duflook. Cor to be used for future annual report notifi	cation)	# F: 0
For further information co	oncerning this matter, please ca	all:		on of
Kothryn C Name of	Person	at ( <u>238</u> ) <u>233-</u> Area Code Daytime	Telephone Number	
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is e	atus &

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

avalor management of suff, LLC.

( <u>Name of the Limited Li</u> (A F	iability Company a Iorida Limited Liab	as it now app ility Compan	ears on our records.) y)		
The Articles of Organization for this Limited Liability Florida document number	259	ere filed on	May 23, 31	⊃\	igned
This amendment is submitted to amend the followin	.g.				
A. If amending name, enter the new name of the  Avalon Wary LLC  The new name must be distinguishable and coatain the words	<i>-</i>			e abbreviation "L.	L.C."
Enter new principal offices address, if applicable	: _				~~
(Principal office address MUST BE A STREET AL	DDRESS)			<u> </u>	7 C
	_			<b>T</b>	<u> </u>
Enter new mailing address, if applicable:	_	-		731 P	
(Mailing address MAY BE A POST OFFICE BOX	Ö			===	770
	_			05	17
B. If amending the registered agent and/or registered agent and/or the new registered office	_	e address	on our records, ent	er the name	of the new
Name of New Registered Agent:	•		rhardt		<del></del>
New Registered Office Address:	33914		15th Ave		<del></del>
	^		Florida street address		
$\overline{G}$	ape Co	City	, Florida	33914 Zip Code	<del>-</del>

#### New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

## If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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ective date, if other than the date effective date is listed, the date must be see: If the date inserted in this block cument's effective date on the Depart	specific and cannot be does not meet the ap	prior to date of filing oplicable statutory		ifter filing.) Pursuant to 605
record specifies a delayed eff he 90th day after the record		t not an effect	ive time, at 12:0	1 a.m. on the earlie
	<i>30</i>	١٠٠٠		
ed May 24  Kathry				

Page 3 of 3

Filing Fee: \$25.00